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## APPLICATION FOR CERTIFICATION

PM 1: 39

Pursuant to Artzona Revised Statutes \$§16-947 and 948 and AAC R2-20-104 (D) Please Print or Type

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Initial Application   Amende	ed Application		FILERID 2004 93 102
NAME OF CANDIDATE		OFFICE SOUGHT (include Leg	
Ernest &	ostamante		ESENTATIVE
ADDRESS (NÜMBER & STREET) 403 HETZEL AVE	·· <del>-</del>	MAMAOTH	AZ 856/8
MAILING ADDRESS (if different from above)		CITY	STATE ZIP
P.O. BOX 73		NAMMOTH	AZ 854/8
520 487 2192	CANDIDATE'S FAX #	BUSTAMANTE @	
CANDIDATES PARTY AFFILIATION (Fany) $D  E  M  O  C  R  A  T$			W 1 1
NAME OF CANDIDATE'S COMMITTEE  BUSTAMANTE	2004		
COMMITTEE'S ADDRESS 403 HETZEL	AVE	MAMMOTH	STATE 21P AZ 856/8
COMMITTEE'S PHONE #	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL ADDRI	ESS
320 487 2192	NA	BUSTAMANTE	the river.com
NAME OF DESIGNATED INDIVIDUAL WITH AUT	HORITY TO WITHDRAW FUNDS (IF APPL BUSTAMANTE	ICABLE1 (A R S §16-948)	<u> </u>
DESIGNATED INDIVIDUAL'S ADDRESS		LCITY	TOTATE THE
	4.4.44.0	MAMMOTH	AZ 8548
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S S	MAIL ADDRESS
520 487 2192	NA	BUSTAMANTE	
LIST THE NAME OF THE FINANCIAL INSTITUTIO	ON FROM WHICH THE CANDIDATE AND T	THE DESIGNATED INDIVIDUAL WIL	L CONDUCT ALL
FINANCIAL ACTIVITY FOR THE CANDIDATE'S C			
DM CREDI	T UNION (SAN	1 MANUEL)	

**DESIGNATED CANDIDATE'S STATEMENT** (If applicable) (A.R.S. §16-948(B)): I hereby designate \_\_\_\_\_\_ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Online:  Programme And Control of	
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CCEC-003-APP/CERT-08/28/01

Application for Certification - Part #

CANDIDATE AND DESIGNATED INDIVIDUAL'S STATEMENT (A.R.S. §16-947): I, the undersigned, uportany oath and under penalty of perjury, certify that the following statements are true and accurate to the best of my knowledge and belief:

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